

Adverse Event Reporting, CTMS, and CDUS Survey Results

		N	%	N	%
Total Number of Responding Institutions		21			
Number of Centers with Legacy System(s)		19	90%		
Total Number of Legacy Systems				22	
Type of AE Data Collection (Current System) (N=22)					
AE Grade				20	91%
AE Expectedness				13	59%
AE Attribution				20	91%
AE relatedness to the Protocol				14	64%
CTCAE Toxicity				13	59%
Protocol Status				19	86%
Study Phase				20	91%
Risk-Benefit relationship of the research				6	27%
Other				5	23%
None/No response				1	5%
Current System Functionality (N=22)					
Automated AE Grading				4	18%
AE Data Collection				12	55%
AE Reporting				7	32%
Messaging of SAEs				4	18%
Routing AEs				3	14%
Integrated AE Repository				10	45%
Vocabulary Management				4	18%
Participant Self-Reporting				3	14%
Public Access to AE Information				2	9%
Other				3	14%
None/No response				5	23%
Desired System Functionality (N=22)					
Automated AE Grading		9	43%		
AE Data Collection		3	14%		
AE Reporting		6	29%		
Messaging of SAEs		6	29%		
Routing AEs		8	38%		
Integrated AE Repository		3	14%		
Vocabulary Management		6	29%		
Participant Self-Reporting		5	24%		
Public Access to AE Information		4	19%		
Other		0	0%		
None/No response		12	57%		
Summarization of Comments					
Need harmonization of AE terms					
Interaction with the caBIG AE system (N=21)					
Full Implementation	A	4	19%		
Interface with Legacy AE systems	B	10	48%		
Other	C	4	19%		
	A & B	2	10%		
	B & C	1	5%		
Summarization of Comments					
Streamlined and secure reporting of AEs to External Agencies (e.g., NCI, CTEP, FDA)					

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Interface as much as possible the legacy AE systems with caBIG AE system					
Interaction with the caBIG AE system is dependent on the product that is developed					
Legacy AE Reporting systems/databases (N=22)					
One (1) Legacy System		16	76%		
Vendor System		8			
Homegrown System		8			
More than One (1) Legacy System		3	14%		
Vendor System		1			
Homegrown System		5			
No Legacy AE System		2	10%		
Homegrown Legacy AE System - Open Source (N=13)		13			
Yes		3	23%		
No		4	31%		
No Response		6	46%		
Homegrown Legacy AE System - Could your system be contributed to the caBIG effort? (N=13)		13			
Yes		4	31%		
No		3	23%		
No Response		6	46%		
Comments					
The vendor of the Oncore system and the institutions with the Oncore system are interested and willing to work with caBIG					
Operating System (N=22)					
DOS				1	5%
Red Hat Linux				1	5%
Solaris				1	5%
Sybase				1	5%
Unix				2	9%
Unix and Windows				2	9%
Web-based				1	5%
Windows				11	50%
No response				2	9%
Database (N=22)					
Oracle	A			9	41%
Advanced Revelation	B			1	5%
MS Access	C			2	9%
MS SQL	D			3	14%
Ingres	E			1	5%
	A & C			1	5%
	A & D			1	5%
No response/Unknowr				4	18%
Program Language (N=22)					
ASP.net	A	A		1	5%
Cold Fusion	B	B		2	9%
FoxPro 8	C	C		0	0%

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Ingres Tools	D	D		0	0%
Java	E	E		5	23%
MS Access	F	F		1	5%
Oracle Forms and Reports	G	G		1	5%
Oracle PL/SQL	H	H		0	0%
Perl C	I	I		0	0%
Rbasic	J	J		1	5%
Visual Basic	K	K		0	0%
XML	L	L		1	5%
	B & C			1	5%
	D, E, & I			1	5%
	G & H			2	9%
	E & K			1	5%
No response/Unknown				5	23%
Type of CTMS and CDUS Data Capture and Reporting Capabilities (N=21)					
CTMS					
DO NOT have any trials that require CTMS reporting	A	6	29%		
Data entry into ACES locally and then electronic data transfer to the CTMS database	B	4	19%		
Application to Application data transfer (Legacy Clinical Trials system to CTMS database)	C	2	10%		
Requires double data entry to complete submission	D	0	0%		
Other - Paper, fax	E	2	10%		
	B, C, & D	1	5%		
	B & D	2	10%		
	B, C, & E	1	5%		
No Response		3	14%		
CDUS					
DO NOT have any trials that require CDUS reporting	A	5	24%		
Data entry into CDUS via web-based data entry application	B	6	29%		
Data entry into CDUS via CTEP-FTP site	C	0	0%		
Application to Application data transfer (Legacy Clinical Trials system to CDUS via the CTEP-FTP site)	D	1	5%		
Application to Application data transfer (Legacy clinical trials system to CDUS)	E	0	0%		
Create a file from the legacy clinical trials system and send to CDUS via FTP	F	2	10%		
Requires double data entry to complete submission	G	0	0%		
Other - Paper, fax	H	0	0%		
	B & C	2	10%		

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	B, D, E, & H	1	5%		
	B & G	1	5%		
	E & F	1	5%		
No Response		2	10%		
Summarization of Comments					
Use of multiple methods to transfer the AE reports					
Tedious, labor intensive process with some double data entry.					
Takes several FTEs to complete CDUS submission					
Want a secure automated data transfer					
Issues/Barriers with CTMS and/or CDUS report systems - Summarization of Comments (Refer to the comments section for all the comments)					
Unsecure electronic data transfer					
Several iterations of data validation after submission and resubmissions before submission is accepted - waiting for list of errors, correcting the errors and re-submitting the report to CDUS					
Unclear CDUS expectations of reporting the data					
Nonstandard coding of data and abbreviations					
Naming of entities is inconsistent - I.e., same drugs will be abbreviated differently in different studies and					
Fixed file lengths of submission fields - many of the file lengths are too short					
Theradex - Vague data export specifications and vague or no table specifications					
CTMS system automatically defaults to the description rather than the CTC/CTCAE term - this generates potentially unnecessary clarification of data already entered					
Clarifications of data are not always sent in a timely manner. Extra time is then spent on clarifying previous submitted data making it difficult to stay current with present data submissions.					
Would be beneficial and efficient to have an in-house application to run the CDUS reports and fix the errors before sending to CDUS.					
Note: There are still institutions that have not responded to the survey.					
Note: Of the 21 Institutions that have responded so far, there are several that have not yet completed the abbreviated v 3.0 survey.					
Note: There are some previous surveys that are missing data and require follow up.					